

Courses sponsored by the health agencies of five Michigan counties gave nursing home personnel new understanding and a new outlook on their jobs.

Saginaw's Training Courses for Nursing Home Staffs

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FORESIGHTED nursing home operators, realizing that even years of practical experience may not be adequate in coping with the various behavior problems of aged patients, are seeking training for themselves and their employees.

As they see the elderly patients in their homes become more withdrawn, less self-sufficient, and less cooperative, the operators recognize that these people need skilled assistance. And operators are acknowledging that nursing home personnel need training and specialized study to compete successfully in a rapidly expanding field of enterprise.

This was the case in Saginaw County, Mich. In the fall of 1956 the need for some such training was discussed at a meeting of the Saginaw Valley Community Health Services, Inc., a corporation organized in 1952 by the public health agencies of Saginaw, Bay, Midland, Isabella, and Tuscola Counties to provide public health services on a regional basis. Community Health Services then offered a plan for a training course to the Saginaw Association of Approved Nursing Homes. Later several members of the association discussed the need for training with officials of the Saginaw County Health Department.

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Because an area wider than Saginaw County was concerned, the matter was submitted to the board of directors of the Saginaw Valley Community Health Services. After some discussion the board authorized a committee of the health officers of the member counties to explore the possibilities of training nursing home personnel.

The health officers invited representatives from the area's nursing homes, local and State health departments, Saginaw County Hospital, and the University of Michigan's Division of Gerontology and School of Public Health to form an advisory committee to determine the feasibility of developing some type of training for the staffs of nursing homes in their five-county area. Advisory committee members with interests and associations in nursing home administration in Michigan and the Saginaw Valley were appointed.

The committee had many questions. Was a training program really needed? Who would be eligible to attend this training? What subject matter should be covered? Who would the instructors be? How lengthy a course was necessary? Would a single course or successive courses be advisable?

The advisory committee met with the area's nursing home administrators at a regional meeting, visited some of the homes, and talked with employees, patients, and administrators to find answers to these questions.

On June 1, 1957, the advisory committee reported to the board of directors of the Saginaw Valley Community Health Services that nursing home personnel wanted and needed educational training, and that a course was feasible, practical, and desirable.

Saginaw Valley Community Health Services, Saginaw County Hospital, and the Division of Gerontology, University of Michigan, agreed to establish and jointly sponsor an experimental training program for nursing home administrators and employees.

After outlining the administrative details, the committee presented the program to the Saginaw Association of Approved Nursing Homes. The association formally approved the course and urged its members to take advantage of it.

Planning the Course

The first course was scheduled to begin June 12, 1957, with 12 weekly sessions held from 7-9 p.m. in the auditorium of Saginaw County Hospital. The trainees' needs and their reactions to these sessions would determine whether the original course would be repeated or a more advanced course offered.

Initially, the advisory committee recommended that the course be open to all persons actively employed in nursing homes, homes for the aged, and county infirmary hospitals in the five counties. The area has 42 of these institutions with a combined capacity of more than 800 beds. Enrollment was encouraged rather than restricted at first; if necessary the class would be divided into smaller groups.

Notices announcing the training course were sent to the 32 nursing homes, 7 homes for the aged, and 3 county infirmary hospitals in the 5-county area. While no enrollments were solicited from institutions outside the 5 counties, staff members from other counties who wanted to take the course were accepted.

A nominal registration fee of \$10 per person was charged to defray the instructors' honorariums and other operating expenses. We also felt that the student who pays for a class is more likely to attend in order to get his money's worth. We planned to issue attendance certificates to those who attended 10 of the 12 sessions.

Instructors were drawn from qualified sources

nearby to keep the program identified locally. Many were in professions dealing with patients similar to those in nursing homes. Some came from the Saginaw County Hospital, the Veterans Administration Hospital, and the local Salvation Army unit, which operates a home for the aged and a golden age club. Others, chosen because of their interest and special knowledge in problems of the aged and chronically ill, were from the State health department, Michigan Board of Pharmacy, Saginaw County Health Department, University of Michigan, and Mt. Pleasant State Home and Training School.

Course Aims and Content

The course was aimed at aiding administrators to operate their homes more efficiently and in the manner most satisfactory to themselves, their employees, and the patients. It was designed to acquaint them with current philosophies of care and rehabilitation of the aged and chronically ill. The course sought to make the staffs of the homes aware that patients have many of the desires, motivations, needs, and likes of all people, and that the aged especially treasure an extra bit of special attention.

The committee felt that staff members who adopted these ideas might significantly improve the quality of their services.

The advisory committee decided on the course's content after meetings with area nursing home personnel. The content was arranged to give the nursing home people a refresher course in their everyday tasks, such as house-keeping, bed-care techniques, and keeping records and reports; to assist the employee in using his equipment and facilities to do better, more efficient work; and to help the administrator use his employees most effectively.

These were the 12 sessions in the first course:

1. The introductory class session was entitled "Opportunities for Nursing Homes and County Infirmary Hospitals in the Treatment of the Aged and Chronically Ill." A professor of gerontology outlined the history of the nursing home in the pattern of medical care of the aged in the United States and evaluated the future of the nursing home.

2. "Patient and Personnel Relations" was presented by a registered nurse who is an assist-

ant hospital superintendent. She considered the qualifications of a good administrator and an efficient employee and the importance of their attitudes toward patients.

3. "Bed Care of the Long-Term Patient," was discussed by a registered nurse who is an instructor of nurses. She demonstrated bed-care methods and displayed materials to make the patient's life more comfortable and enjoyable and the employee's job easier and more efficient.

4. A lecture on the "Medical Needs of the Aged and Chronically Ill," presented by a physician, emphasized the physical, mental, and emotional changes that take place as a person grows older. He described some of the physical and mental needs of the aged and chronically ill, and told how a nursing home staff can assist the physician in taking care of individual patients.

5. A session devoted to "Rehabilitation," designed to introduce the two succeeding sessions on physical therapy and occupational therapy, was also conducted by a physician. He reviewed the newer philosophies of rehabilitation, its aim and function in working with the aged, long-term patient. He also showed the film "Still Going Places," which dramatically illustrates practical ways to help chronically ill or acutely disabled patients of advanced years to live useful, self-sufficient lives.

6. "Physical Therapy," conducted by a registered physical therapist, included a brief historical review and demonstrations of various methods and techniques of physical therapy which can be effectively used with specific types of patients.

7. During the "Occupational Therapy and Hobbycraft" session, motivation and techniques in introducing occupational therapy were discussed, new ideas in the field were explained, and sources of supplies were listed by the two speakers, a registered occupational therapist and a hobbycraft instructor.

8. A nutritionist and a dietitian concentrated their efforts on "Nutrition and Menu Planning." They emphasized the importance of good nutrition for the aged and chronically ill, special diets, meal planning, economical food purchasing, and efficient methods in the kitchen.

9. A sanitary engineer discussed "Sanitation" with emphasis on food handling, dish-washing, construction and design of nursing homes, and safe and sanitary practices for employees and patients. He also reviewed the sanitation regulations governing nursing homes and homes for the aged.

10. A psychiatric social worker dealt with "Mental Health and Psychological Needs and Motivations of the Aged." She described the importance of satisfactory relationships between the patient and the employee, and the employee's need for healthy attitudes and feelings toward the patients in his care.

11. "Recreational and Social Opportunities" for patients was presented by a Salvation Army major. He reviewed what homes in other countries are doing and what is being done in this country, and discussed practical recreational and social activities applicable to patients in nursing homes.

12. The final class session, conducted by two State drug inspectors, dealt with "Dispensing of Drugs and Narcotics" by the nursing home owner to his patients, and his legal responsibilities.

Evaluations

At the opening class 30 people from 15 homes registered. Additional registrations throughout the course brought the final total to 44 students from 21 institutions. Three counties outside the immediate five-county area were represented. Four of the students traveled more than 200 miles for each class session. Among the students were 21 administrators and 23 employees, including 2 private duty nurses. They represented a total of 16 nursing homes and 5 homes for the aged.

The 21 administrators averaged 10.7 grades of school completed, the 23 employees slightly less, with 9.65 grades completed. The administrators averaged 9.25 years of experience in nursing home work and the employees, 5.9 years.

Among the 44 persons enrolled were 1 registered nurse and 2 registered practical nurses; 4 others listed their titles as practical nurse.

No record was kept of who paid the registration fees, but we learned that in two instances

fees were paid by the board of directors of nursing homes, and 2 employers paid the fees for their employees, 5 employees in one instance, 3 in the other.

Early in the course, when it became evident that the trainees were not accustomed to taking notes and were losing much helpful information, mimeographed, detailed summaries of each instructor's presentation were made available on a trial basis. These proved to be very popular with the students, and the summaries were continued.

At the 11th session, a single-page questionnaire of 11 subjective questions, to be answered anonymously and returned a week later, was given the trainees. This questionnaire was an effort to ascertain what they had expected to get out of the course, what additional topics they believed should have been included, and what topics they would have eliminated. The participants were also asked about such matters as the coffee break and the time and length of the class sessions.

The trainees had had numerous opportunities to express their desires and preferences during class, but they were questioned at the end of the course so that their opinions would cover all the sessions and be useful to the advisory committee in planning future courses.

Seventy-one percent of the questionnaires were returned and provided valuable information concerning the students' reactions.

For example, the instructor who "had no idea of our problems" or who "didn't apply his subject to our situation" was immediately unmasked by the students. The trainees felt that two of the instructors were not well enough acquainted with the specific problems of caring for the aged and chronically ill patient. However, the majority of the students felt that most of the instructors' subject matter was "very practical and worthwhile" and that the suggestions "worked with our patients."

While the students generally approved the choice of subject matter, they felt they needed more detailed instruction in meal planning, techniques of bed care, motivation of the patient in areas of rehabilitation, and means for satisfying the patients' emotional and mental needs. Numerous trainees suggested eliminating physical therapy, because "our patients are

too old" and "we don't have the time to spend doing it." Generally, they also felt that the session on "Drugs and Narcotics" was only of interest to administrators and therefore should be dropped.

Although the instructors tried to draw the students into group discussions, they did not always succeed, possibly because of the instructor's lack of skill, or simply because of the trainees' reluctance to speak out. Yet 55 percent of those who responded to the questionnaire thought that more group discussion was needed and would make the training sessions more meaningful. This suggestion was emphasized by the fact that many students gathered around the instructor to ask questions and express opinions during the coffee break and after class, although they had failed to respond to the instructor's repeated attempts to draw them into group discussion during the session.

Attendance remained unexpectedly high throughout the course, with not more than five persons absent from any one session, despite some very bad driving weather. Of the 44 registrants, 38 qualified for attendance certificates; 5 of the 6 who failed to qualify attended classes in the second course and received attendance certificates.

Second Course

Because of the success of the first course, and the continuing need for this training, a second course, to begin early in October 1957, was initiated.

Representatives of the advisory committee discussed the second course with members of the regional nursing home association. They planned the second course after considering the results of this discussion and evaluating the questionnaires from the first course.

The second course was essentially the same as the first. Less than half of the nursing homes in the five counties were represented at the first course, and we hoped that additional homes as well as other employees from those previously represented would participate.

One major change was replacing "Drugs and Narcotics" with a session on "Rules and Regulations." "Rules and Regulations" was added so that a representative from the State health

department could review Michigan's new rules and regulations for nursing homes and homes for the aged, adopted in July 1957.

Twenty-five persons, 6 administrators and 19 employees representing 8 homes and 6 counties, registered for the second training course. An administrator and 3 employees came from 2 counties outside the 5-county area. Four homes in the 5 counties were represented for the first time, sending 5 administrators and 13 employees; 4 of the homes represented at the first course sent 1 administrator and 6 employees to the second.

Attendance was good at most class sessions, and all of the 25 people registered qualified for the attendance certificate.

Conscious of the earlier trainees' comments, many instructors attempted, with varying results, different techniques of group dynamics to draw the students into discussions. Arranging the trainees' chairs in a semicircle facing the instructor, and having each student introduce himself at the opening session made the classes less formal and more relaxed.

The instructors also attempted more demonstrations with the trainees participating. At the session on physical therapy the trainees, after watching a demonstration on massage and limb manipulation, practiced on a "patient." The instructors in occupational therapy and hobbycraft showed how to make a Christmas corsage and how to weave a potholder; then the students were given materials and encouraged to use their imaginations in making corsages and potholders.

In their evaluation questionnaires the majority of those in the second course commented favorably on the effectiveness of the group discussion and student participation in certain sessions, justifying the inclusion of these practices in the training course.

The advisory committee has met with the Saginaw Association of Approved Nursing Homes a number of times since the second course ended. The nursing home group commended Saginaw Valley Community Health Services for its service to the nursing homes in the area and inquired about future courses. The interest that has continued after the first two courses has justified plans for a third course, containing new subject matter. We

hope it will be part of a continuous series of training sessions for nursing home administrators and employees in the Saginaw Valley.

Planned for these future courses are detailed subject matter on nursing techniques, including bed and tub baths; comfort and safety devices, such as methods of lifting and moving patients in bed and from beds to chairs; the mechanics of taking temperatures, pulse, and respiration; and general care of the patient's skin, mouth, hair, teeth, and feet.

Conclusions

These two training courses have demonstrated that many nursing home administrators and their employees recognize their own need for help and guidance in their profession, and that they are willing to attend and support organized training which seeks to fulfill their needs.

Independent observations by health department officials who inspect and supervise nursing homes in this area, as well as opinions from certain nursing home administrators, indicate that those who have taken one of the training courses appear to have somewhat modified their attitudes and thinking toward their jobs and the patients in their care. This conclusion is evident in the better quality of work they are doing.

During the class sessions, the students' faces reflected new understanding and new enthusiasm for their jobs. Time and time again they asked the instructors for solutions or suggestions on their specific problems, indicating a desire to act positively.

The actual results of these courses cannot be measured. But the sponsors feel that they were a constructive first step toward improving the nursing homes in the area. If the trainees have learned that patients are people who react and respond as do all other human beings, that nursing home staffs have the power to make life pleasant and worthwhile for their patients, then the students, having gained a new outlook, will do their jobs better.

Those who have worked so diligently to make these courses a reality know that such training is not a panacea. However, they believe that education is the best way to improve habits, attitudes, and conditions in the nursing homes.